

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/04/2013
NAME OF PROVIDER OR SUPPLIER TALBOT CENTER FOR REHAB & HEAL			STREET ADDRESS, CITY, STATE, ZIP CODE 4430 TALBOT ROAD SOUTH RENTON, WA 98055		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Talbot Center for Rehabilitation and Healthcare on 11/04/13. The resident sample of 39 was based on a census of 97.</p> <p>The following complaint was investigated during this survey:</p> <p>#2897716</p> <p>The survey was conducted by:</p> <p>██████████ MSN, BSN Complaint Investigator</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 2, Unit F 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (252) 234-6048 Facsimile: (253) 395-5070</p> <p><u>Mike Ankelle</u> 11-07-13 Signature Date</p>	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Talbot Center for Rehabilitation and Healthcare does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p style="text-align: center;">RECEIVED NOV 21 2013 DSHS/ADSA/RCS Region 4</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

11-20-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to assist residents on one of three units, reviewed for the provision of showers/baths, to maintain their dignity by providing regular shower/baths. This failure caused residents to feel diminished and prevented them from living with a sense of dignity.</p> <p>Findings included:</p> <p>According to the 10/14/13 Minimum Data Set (MDS), RESIDENT #4, was able to communicate their needs to staff, and make independent decisions. Resident #4 said, in an interview on 11/04/13 at 7:25 a.m. they did not receive weekly showers. When asked how the lack of showers made the resident feel the resident responded, "Awful".</p> <p>According to the 09/02/13 MDS, Resident #25 was able to communicate and could make their own decisions. When asked about the provision of showers/baths the resident said, in an interview on 11/04/13 at 9:47 a.m., they received one a month. The resident reflected upon the investigator's lack of immediate response and said, "You think that's normal?!" When asked how this made the resident feel, Resident #25</p>	F 241	<p>F-241</p> <ol style="list-style-type: none"> 1. Resident #4 and #25 have been given showers/baths and been scheduled for ongoing weekly showers/baths. 2. Residents on the East 2 Nursing Unit have been interviewed in order to validate that we are maintaining their dignity and respect in recognition of their individuality. Additionally, the residents on the East 2 Nursing Unit have had skin checks completed. 3. A Shower/Bath Policy and Procedure as well as a new Skin Check form has been developed and implemented. LN and NAC Staff have been in-serviced as to the new policy/procedure and the new form. 4. Resident Care Managers will perform routine weekly audits to validate Residents are receiving their scheduled showers/baths. 5. The DNS will be responsible for the implementation and maintenance of this correction. 	11-29-13 <i>PR</i>	

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F 241	Continued From page 2 said, "How do you think it makes me feel!" Review of Minimum Data Sets, care plans and shower records for all of the residents on the two east unit, revealed only one of the residents received one shower/bath per week. At least 26 of the residents on the two east unit were assessed by staff to be cognitively impaired and be less than able to easily communicate their needs to staff. Although unable to verbalize their feelings, a reasonable person would find it undignified to have poor hygiene. Staff D, E, and F interviewed on 11/04/13 between 9:15 a.m. and 10:30 a.m. said residents should have a weekly shower/bath. These staff were unable to explain why residents did not receive one shower/bath per week. According to the 2013 Fairfax and Wikipedia dictionary/encyclopedia the definition of a reasonable person/someone unable to express or demonstrate anguish, ..." is tool for explaining the law..the reasonable person is not an average person or typical person...is a composite of the relevant community's judgement as to how a typical member of said community should behave..." "...It is used....or if a breach of the standard of care had occurred..." Failure of the facility to provide routine showers/baths placed the residents at risk for undignified and diminished quality of life.	F 241			
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to	F 312			

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F 312	<p>Continued From page 3</p> <p>maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents on one of three units, who required assistance with activities of daily living and were reviewed for provision of showers/baths, received showers/baths according to the plan of care. Failure to ensure residents received weekly showers/baths prevented residents from experiencing the best possible personal hygiene and placed them at risk for a decline in health including skin related issues.</p> <p>Findings included:</p> <p>According to the 10/14/13 Minimum Data Set (MDS), RESIDENT #4, was able to communicate their needs to staff, make independent decisions and required limited to extensive assistance with activities of daily living (ADL) including bed mobility, transfers, dressing, and bathing. On 11/4/13 at 7:20 a.m. Resident #4 was observed sitting in a wheelchair at the entrance to their room readying for breakfast.</p> <p>Resident #4 was asked generally how they were doing. The resident responded, "Well, I finally got a shower." The resident was asked what this meant and responded, "I get one every two or three weeks. My daughter helped me." When asked how the lack of showers made the resident feel the resident responded, "Awful".</p>	F 312	<p>F-312</p> <ol style="list-style-type: none"> 1. Residents #4 and #25 have been given showers/baths and been scheduled for ongoing weekly showers/baths. 2. Residents on the East 2 Nursing Unit have been interviewed to identify other residents with the potential of being affected by the same practice. 3. A Shower/Bath Policy and Procedure as well as a new Skin Check form has been developed and implemented. LN and NAC Staff have been in-serviced as to the new policy and procedure and the new form. 4. Resident Care Managers will perform routine weekly audits to validate Residents are receiving their scheduled showers/baths. 5. The DNS will be responsible for the implementation and maintenance of this correction. 		11-29-13 <i>DM</i>

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F 312	<p>Continued From page 4</p> <p>Review of the shower schedule revealed Resident #4 was scheduled to receive a shower every Friday. Review of Resident #4's clinical record including shower records revealed during the month of September 2013 Resident #4 received two showers, 9/6/13 a Friday, and 9/18/13, a Wednesday, 12 days apart. During October 2013 Resident #4 received two showers, thirteen days apart, on Tuesday 10/1/13 and Monday 10/14/12. Staff documented the resident's family assisted the resident in a "wash" on November 2, 2013, a Saturday, 20 days from the last documented shower.</p> <p>According to Resident # 25's 01/01/13 MDS, they had memory problems and required assistance with ADL's. The more recent 09/02/13 MDS, indicated Resident #25 was able to communicate and could make their own decisions.</p> <p>Resident #25 was observed sitting in a wheelchair, self-propelling in and out of their room on 11/04/13 at 9:47 a.m. The resident was asked if staff provided care including food, medications and showers. The resident said they received enough food and was complimentary to current nursing staff who were administering medications. But said about showers, "Yeah, maybe one good one a month!" When asked how this made the resident feel, Resident #25 said, "How do you think it makes me feel!"</p> <p>Review of Resident #25's clinical record revealed staff documented they provided one shower during both September and October 2013.</p> <p>The MDS's, shower records and care plans for all of the residents (#1-39) residing on the two east unit of the facility were reviewed. Only one of the</p>	F 312	<p>RECEIVED</p> <p>NOV 21 2013</p> <p>DSHS/ADSA/PCS Region 4</p>		

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F 312	<p>Continued From page 5</p> <p>39 residents received a shower/bath each week. Twenty six of the residents residing on the two east unit were cognitively impaired and either unable to or less than able to ask for help when needed. Thirty six of the 39 residents on the two east unit required varying assistance with ADLs including showers/baths. Three residents required set-up only for ADLs.</p> <p>To further support staff were not providing showers, review of MDS data revealed the MDS nurse documented on 28 MDSs (#1, 2, 3, 5, 6, 9, 10, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 27, 28, 29, 30, 31, 32, 33, 34, & 35), staff did not provide a shower/bath within the seven day assessment period.</p> <p>Staff A, the Administrator, said in an interview on 11/04/13 at 7:35 a.m. the facility employed more than one shower/bath aide. Staff A provided documentation to support only one shower/bath aide was currently employed by the facility. There was no documentation provided to suggest how long only one shower/bath aide was employed.</p> <p>Staff E said in an interview on 11/04/13 at 9:15 a.m., "Usually do weekly showers if (resident) wants more we try to accommodate." Staff F said in an interview on 11/04/13 at 9:25 a.m., staff try to provide, "one or two showers/baths a week. Ideally (it's) one per week." When these staff were presented with and asked about the resident concerns and shower/MDS documentation suggesting residents did not receive one shower/bath a week, neither staff could explain why residents did not receive showers/baths.</p> <p>Staff D said, in an interview on 11/04/13 at 10:30</p>	F 312	<p>RECEIVED</p> <p>NOV 21 2013</p> <p>DSHS/ADSA/RCS Region 4</p> <p><i>rw</i></p>		

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F 312	<p>Continued From page 6</p> <p>a.m., "We do not have a written policy (for provision of showers). We assess (residents) routine, if they want more or less than one a week and change the care plans to reflect (the resident's wishes)." Staff D said, "one shower/bath a week is standard."</p> <p>Staff G said, in an interview on 11/04/13 at 11:45 a.m., "I only work on (the two west unit)...Monday to Friday." When asked how residents on the two east unit received showers/bath Staff G responded, "I have no idea (how showers/baths) on the east side. I assigned to west." Staff G suggested nursing assistants who provide direct care to residents would provide showers/baths to residents on the two east unit.</p> <p>Staff H said in an interview, on 11/04/13 at 7:05 a.m., if the shower/bath aide is not available, and "the resident asks or if the shower/bath aide is not here we (nursing assistants) we do the showers."</p> <p>There were no observations of staff providing shower/baths to residents on the two east unit between the hours of 6:30 a.m. and 11:00 a.m. on 11/04/13. Any reasonable person would want the opportunity to receive shower/baths and be afforded the cleanliness and hygiene associated with regular showering.</p>	F 312	<p>RECEIVED</p> <p>NOV 21 2013</p> <p>DSHS/ADSA/HCS Region 4</p>		